

Family Presence and Involvement in Care

1. Ensuring Family Presence

- a. Parents are not visitors and should not be labeled or referred to as such.
- b. Encourage and empower families to stay with their child at all times in the inpatient setting and ensure that structures and processes are in place to support continuous family presence in all hospital units.
- c. Educate families about bedside chairs and other sleep options within close proximity to patient. Orient parents/families to outpatient and inpatient settings (use the CHLA Welcome Book for inpatient admissions and the Partners in Care patient safety brochure for outpatients). Inform parents/families of food available to them at CHLA (cafeteria, vending machines, McDonalds and “room service” for inpatients).
- d. Consult with services such as Clinical Social Work, Spiritual Care, Child Life and Diversity Services to maximize support for family.

2. Partnering with Families for Effective Care

- a. Include parents/families and, as appropriate for age, the patient as full members of the Health Care Team, incorporating their knowledge of their child and/or themselves.
- b. Partner with parents/families on all decisions regarding their child.
- c. Utilize the information parents and families share about their child.
- d. Link parents/families with hospital and community resources including and child-to-child and family-to-family supports. Consult with Clinical Social Work for assistance.
- e. Empower parents/families to actively participate in their child’s care through education, support and encouragement. Coach families to ask questions and participate in their child’s care plan.
- f. Prepare parents/families to positively participate during procedures. Give clear descriptions prior to the procedure, and give parents/families the option to remain with their child. Consult with Child Life for assistance.
- g. Whenever possible, schedule tests/procedures at times that are optimal for family participation/presence.
- h. Educate parents/families about the medications their child is receiving, and show them each dose of medication before their child receives it.
- i. Effectively educate patients/families about CHLA’s rapid response team, “Team Help,” and ensure that families understand its function and purpose.
- j. Inform parents/families about hand hygiene procedures and encourage them to feel free to remind others.

3. Provide Timely and Unbiased Information

- a. Integrate families in patient care rounds, including staff change of shift or “hand off” rounds.
- b. Provide families with results of tests/labs as soon as quickly as possible.
- c. Schedule frequent update meetings with all treating services and provide adequate supports for family to participate in a meaningful way (Clinical Social Work, Spiritual Care, etc.).

4. Honor the Individuality of Families:
 - a. Speak respectfully to and about all family members and patients.
 - b. Speak to families in their preferred language. Utilize interpreters and/or Qualified Bilingual Employees to ensure that communication is accurate and effective.
 - c. Provide care and resources that support the families' religious beliefs. Consult with Spiritual Care Services to ensure maximum support.
 - d. Provide education through methods preferred by family as noted in the care plan.
 - e. Respect families' care decisions without judgment.
 - f. Elicit information regarding cultural practices that could be observed during the hospital stay or possibly incorporated into the patient's care.
5. Contraindications (contraindicated if family member is or exhibits)
 - a. Threat to safety of health care team, family or patient
 - b. Combative or threatening behavior
 - c. Extreme emotional volatility
 - d. Interference with resuscitation D. Bedside Procedures
6. Guidelines
 - a. Following the guidelines for the specific procedure, the nurse and/or physician will assess the family's understanding of the procedure and provide teaching as appropriate.
 - b. If there are no contraindications, the nurse and/or physician will offer the family the choice to stay at the bedside.
 - c. If family chooses to stay at bedside, parent should also be offered to participate in positions of comfort if appropriate for specific procedure.
 - d. If family presence is contraindicated, rationale should be documented.
 - e. The nurse and/or physician will frequently reassess the appropriateness of family presence at the bedside during the procedure.